

1-1 By: Harris S.B. No. 1804
1-2 (In the Senate - Filed March 14, 2003; March 24, 2003, read
1-3 first time and referred to Committee on State Affairs;
1-4 April 30, 2003, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 7, Nays 0; April 30, 2003,
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1804 By: Harris

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to the resolution of certain medical disputes and certain
1-11 other procedures in connection with workers' compensation
1-12 benefits.

1-13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-14 SECTION 1. Subsection (b), Section 408.143, Labor Code, is
1-15 amended to read as follows:

1-16 (b) The statement required under this section must be filed
1-17 [~~quarterly~~] on a form and in the manner provided by the commission.
1-18 The commission may modify the filing period as appropriate to an
1-19 individual case. Unless modified by the commission, the statement
1-20 shall be filed quarterly until the first anniversary of the date of
1-21 the commission's initial determination of supplemental benefits
1-22 and, after that date, the statement shall be filed every six months
1-23 if supplemental benefits were provided continuously during that
1-24 first year.

1-25 SECTION 2. Subsection (b), Section 408.151, Labor Code, is
1-26 amended to read as follows:

1-27 (b) If a dispute exists as to whether the employee's medical
1-28 condition has improved sufficiently to allow the employee to return
1-29 to work, the commission shall direct the employee to be examined by
1-30 a designated doctor chosen by the commission. In addition to
1-31 determining whether the employee's medical condition has improved,
1-32 the examination must include a determination of the type of
1-33 employment the employee is physically or medically able to perform.
1-34 The designated doctor shall report to the commission. The report of
1-35 the designated doctor has presumptive weight, and the commission
1-36 shall base its determination of whether the employee's medical
1-37 condition has shown improved functional gain [~~sufficiently~~]
1-38 to allow the employee to return to work on that report unless the great
1-39 weight of the other medical evidence is to the contrary.

1-40 SECTION 3. Subchapter C, Chapter 413, Labor Code, is
1-41 amended by adding Section 413.032 to read as follows:

1-42 Sec. 413.032. ALTERNATIVE MEDICAL DISPUTE RESOLUTION
1-43 PROCESS. (a) The commission shall evaluate the effectiveness and
1-44 costs of the medical dispute resolution process under Section
1-45 413.031 and study proposals for the establishment of an alternative
1-46 process. In performing the study and proposing an alternative
1-47 medical dispute resolution process, the commission shall emphasize
1-48 the establishment of a process that is less expensive than the
1-49 current system.

1-50 (b) In performing the commission's duties under this
1-51 section, the commission shall solicit the participation of persons
1-52 who represent the interests of employees, employers, health care
1-53 providers, insurance carriers, governmental agencies, and others
1-54 who may be interested in the results of the study.

1-55 (c) The commission shall report the results of the study
1-56 under this section, including the commission's proposal for an
1-57 alternative medical dispute resolution process, to the lieutenant
1-58 governor and speaker of the house of representatives not later than
1-59 December 1, 2004.

1-60 (d) This section expires January 1, 2006.

1-61 SECTION 4. Subsection (e), Section 413.014, Labor Code, is
1-62 amended to read as follows:

1-63 (e) The commission may not prohibit an insurance carrier and

2-1 a health care provider from voluntarily discussing health care
2-2 treatment and treatment plans and pharmaceutical services, either
2-3 prospectively or concurrently, and may not prohibit an insurance
2-4 carrier from certifying or agreeing to pay for health care
2-5 consistent with those agreements. The insurance carrier is liable
2-6 for health care treatment and treatment plans and pharmaceutical
2-7 services that are voluntarily preauthorized and may not dispute the
2-8 certified or agreed-on preauthorized health care treatment and
2-9 treatment plans and pharmaceutical services at a later date.

2-10 SECTION 5. (a) This Act takes effect September 1, 2003.

2-11 (b) The changes in law made by this Act by the amendment of
2-12 Sections 408.143, 408.151, and 413.014, Labor Code, apply only to a
2-13 claim for workers' compensation benefits based on a compensable
2-14 injury that occurs on or after the effective date of this Act. A
2-15 claim based on a compensable injury that occurs before the
2-16 effective date of this Act is governed by the law in effect on the
2-17 date the compensable injury occurred, and the former law is
2-18 continued in effect for that purpose.

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